

**Healthy Families Program Health Plan Payment for Vaccinations**

**2005-06 Contract Period**

**If you have any questions regarding this form, please contact Dinorah Torza at (916) 323-2072.**

Plan Name: \_\_\_\_\_

Plan contact person for follow up information: \_\_\_\_\_  
(Name and phone number)

For each region in which the plan participates, please complete the following:

1. Describe how providers are paid for the cost of vaccinations.

A. Fee-for-service payment

Retail price for vaccines	
Discounted price for vaccines	
Payment per vaccine:	
Diphtheria, Tetanus, Pertussis	
Td Booster	
Oral Polio	
intravenous polio	
Measles, Mumps, Rubella	
Hemophilus B	
Hepatitis B	
Varicella	
Hepatitis A	
Influenza	
Payment for vaccine administration	

- B. Payment for vaccine included in capitation payment. (Capitation rates are adjusted by age to recognize vaccine costs.)

Average cap rate paid for all children	
Dollar amount included in the cap rate for vaccines for the following age groups:	
< 31 days old	
31 – 365 days old	
1-5 years old	
6-10 years old	
11-15 old	
16-18 old	

2. Do providers receive any incentive payments based on vaccination completion rates? If yes, please describe.
3. If providers are subcapitated, please provide information on how vaccine costs are covered.